

No. 300
10-48
FILED FEB 28 1949THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4556 State File No. 4416

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5287</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH a. COUNTY <u>DENT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DENT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUNKER</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUNKER</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>11111</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUIS</u> b. (Middle) <u>LONNIE</u> c. (Last) <u>RITTER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 12 1949</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8/4/74</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>IKE Ritter</u>				13b. MOTHER'S MAIDEN NAME <u>BETSY ANN Ritter</u>		14. NAME OF HUSBAND OR WIFE <u>MAGGIE Ritter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ED Ritter, BUNKER, MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4543</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Bunker, Mo.</u>		21f. HOW DID INJURY OCCUR? <u>about fifteen years</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>about 1914</u> , to <u>1949</u> , that I last saw the deceased alive on <u>Feb. 4, 1949</u> , and that death occurred at <u>9:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. L. Harrison M.D.</u>				23b. ADDRESS <u>Bunker, Mo.</u>		23c. DATE SIGNED <u>2-13-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BAY</u>		24d. LOCATION (City, town, or county) (State) <u>DENT County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 15-49</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carl K. Spencer - SALEM, MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2-22-44
District Health Officer No. 5
District File Number 249160
Date Filed 2-23-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or~~ by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3806

P. O. Address Salem, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.